## IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-4073 www.iowa.gov/ethics

Reset Form

lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

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FORM-GB

### DEPARTMENT OR OFFICE RECEIVING THE GIFT OF REQUEST.

Iowa Department of Public Defense - Military Divi			
7105 NW 70th Ave.	Johnston, Jowa 50131		
Mailing Address 515-252-4222 City, State, Zip Code			
Area Code & Telephone No.	28		
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR (	OFFICE:		
Duane G. Jamison	R Em		
Name 7105 NW 70th Ave, Bldg 3535	Johnston, Iowa 50131		
Mailing Address (if different from above)	City, State, Zip (if different from above)		
duane.jamison@iowa.gov	515-252-4222		
Email Address	Area Code & Telephone Number (if different from above)		
ONOR OF GIFT OR BEQUEST:	2 1		
Bethany Lutheran Church			
Name	——		
PO Box 288 Thompson, IA 50478	8		
Mailing Address City, State, Zip Code	03/28/2011 \$134.68		
Ama Cada 8 Talada N	Date of Gift or Bequest Amount/Value*		
Area Code & Telephone Number	*value is defined as "fair market value" of item as determined by		
Email Address (optional)	receiving department or office. If no value mark "0.00".		
Cinali Address (optional)			
Provide a description of the gift or bequest and purpose thereof:			
Cash gift for support of the Iowa National Guard	Family Assistance Program		
Criteria to use this form:			
Receipt of any gift or bequest that is received by any department of	f the state or received by the Governor on behalf of the state.		
atement of Affirmation:			

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te. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

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FORM-GB		
Gift or Bequest information received by a department or accepted by the Governor on behalf of the state		
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### DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Iowa Department of Public Defence Activity		
Iowa Department of Public Defense - Military Division Name of Department or Office 7105 NW 70th Ave.		
	ohnston, Iowa 50131	
	City. State. Zin Code	
Area Code & Telephone No.		
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFIC		
Duane G. Jamison		
Name 7105 NW 70th Ave, Bidg 3535		
Mailing Address (if different from above)	Johnston, Iowa 50131	
duane.jamison@iowa.gov		
Email Address		
ONOD OF CITY OF	Area Code & Telephone Number (if different from above)	
ONOR OF GIFT OR BEQUEST:		
Pizza Ranch Inc	<del>-</del>	
Name		
PO Box 465 Orange City IA 51041		
Mailing Address City, State, Zip Code		
Oity, State, Zip Code	03/31/2011 \$4,500.99	
vea Code & Telephone Number	Date of Gift or Bequest Amount/Value*	
Toophone Number		
mail Address (optional)	*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	
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Provide a description of the gift or bequest and purpose thereof:		
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and any apparament of the sta	ne or received by the Governor on behalf of the state.	
ement of Affirmation:		
uane G. Jamison		

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affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

4-4-11 Date